Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Officer tries trapes from the control		Applicat	ion Numbe	r	10/811,513	
	Filing Da	ate		March 29, 2004		
POWER OF AT	First Na	med Invent	or	Stacie CANAN-KOCH		
and	Title			SALTS OF TRICYCLIC INHIBITORS OF POLY(ADP-RIBOSE) POLYMERASES		
CORRESPONDENC	Art Unit			1614		
INDICATION	Examine	er Name		TBD		
		Attorney	Docket N	umber	PC19150A	
I hereby appoint:						
28940						
OR	_			l		
Practitioners named below	w:					
	Name Registration Number					
-						
as my/our attorney(s) or agent(s	i) to prosecute the applic	cation identified	above, and	I to transact	all	
business in the United States Pa						
Please recognize or change the		ss for the above	:-identified a	аррисацоп	lo.	
The above-mentioned Cu	stomer Number.					
OR				_		
The address associated v	with Customer Number					
OR						
Firm or Individual Name						
Address						
Address						
City			State		Zip	
Country						
Telephone		F	ax			
I am the:						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Stacie CANAN-KOCH						
Signature Street Um an Uni						
Date 23 July 2004						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple						
forms if more than one signature is required, see below.						
☑ *Total of <u>4</u> forms are submitted.						

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM I hereby appoint: Practitioners at Customer Number OR Practitioners named below: Name Registration Number Name Registration Number	Onder the Capacitation		Applicati	on Numbe	•	10/811,513		
Title SALTS OF PRINCILE INHIBITORS OF PRINCILE INHIBITORS OF PRINCILE INHIBITORS OF PRINCIPE IN INDICATION FORM Title SALTS OF PRINCIPE INHIBITORS OF ART Unit Title SALTS OF PRINCIPE INHIBITORS OF PRINCIPE IN		Filing Da	te		March 29, 2004			
Art unit 1614 Examinor Name TBD Attorney Docket Number PC19150A I hereby appoint: Practitioners at Customer Number OR Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number OR The address associated with Customer Number OR Address City Country Telephone I am the: Applicant/Inventor. Assignae of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTOSB96). Signature Date 2. Tuty of Note: Signatures of all the Inventors or assignees of facord of the entire interest or their representative(s) are required. Submit multiple forms if more if more than one signature is required, see below.	POWER OF A	First Nar	First Named inventor		Stacie CANAN-KOCH			
I hereby appoint: Practitioners at Customer Number OR Practitioners named below: Name Recistration Number as mylour attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Chy Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date Total State Interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	and	Title			SALTS OF TRICYCLIC INHIBITORS OF POLY(ADP-RIBOSE) POLYMERASES			
I hereby appoint:		Art Unit			1614			
I hereby appoint: Practitioners at Customer Number OR Practitioners named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent, and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	INDICATIO	Examine	r Name		TBD			
Practitioners at Customer Number OR Practitioners named below: Name			Attorney	Attorney Docket Number		PC19150A		
Practitioners at Customer Number OR Practitioners named below: Name	I hereby appoint:							
OR Practitioners named below: Name	29040							
Practitioners named below: Name								
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address Address City State Zip Country Telephone Fax Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		dow:						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patient and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 Tuly 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Sionature Date Date 27 Tulyou NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Sionature Date Date 27 Tulyou NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Sionature Date Date 27 Tulyou NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Sionature Date Date 27 Tulyou NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					4 - 4			
The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or individual Name Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	as my/our attorney(s) or ager business in the United States	nt(s) to prosecute the applic Patent and Trademark Off	ation identified ice connected t	above, and herewith.	to transact	all		
The address associated with Customer Number OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27.Juyoy NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Please recognize or change	the correspondence addres	s for the above	-identified a	pplication t	o:		
The address associated with Customer Number OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27.Juyoy NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
The address associated with Customer Number OR Firm or Individual Name Address Address City State Zip Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Sionature Date 27 Tuly 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Firm or Individual Name Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		d with Customer Number		-	7			
Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	اسا	d with obstomer Number						
Address Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR							
Address City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
City State Zip Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 04 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address							
Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date 27 July 0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	City			State		Zip		
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date Date 27 July 0 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Country		100					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone		F	ax				
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name Jan-Jon CHU Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:							
Signature Date NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Applicant/Inventor.							
Name Jan-Jon CHU Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
Signature Date 27 July 0 4 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
Date 275014 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Name •	lame ' Jan-Jon CHU						
Date 27501904 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Date 27 July 04							
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple							

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

		Application	n Numbe	r	10/811,513	
		Filing Dat	е		March 29, 2003	
POWER OF A	First Nam	ed Invent	tor	Stacle CANAN-KOCH		
an	Title			SALTS OF TRICYCLIC INHIBITORS OF POLY(ADP-RIBOSE) POLYMERASES		
CORRESPONDE	Art Unit			1614		
INDICATIO)N FORM	Examiner	Name		TBD	
	Attorney	Docket N	umber	PC19150A		
I hereby appoint:						
29040						
OR Practitioners at Customer Number 28940						
Practitioners named be	alow.					
Fractitioners harned be	Name Registration Number					
	1101110					
				<u></u>		
as my/our attorney(s) or ager business in the United States	nt(s) to prosecute the application Patent and Trademark Office	on identified a connected th	bove, and erewith.	l to transact	all	
	the correspondence address f			application t	0.	
		0. (above		-pp		
The above-mentioned	Customer Number.					
OR	_			\neg		
The address associate	ed with Customer Number					
OR	_					
Firm or Individual Name						
			•			
Address						
Address		1 04	-4-	— - Т	Zip	
City		31	ate		Zip	
Country		Fa	- -			
Telephone		Fa.	<u> </u>			
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Jia LIU						
Signature	2:-					
Date	7/29/04					
NOTÉ: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
Total of 4 forms are submitted.						

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

	Applicatio	n Number	10/811,513			
	Filing Date	<u> </u>	March 29, 2003			
POWER OF ATTORNEY	First Name	ed Inventor	Stacie CANAN-KOCH			
and	Title		SALTS OF TRICYCLIC INHIBITORS OF POLY(ADP-RIBOSE) POLYMERASES			
CORRESPONDENCE ADDRESS	Art Unit		1614			
INDICATION FORM	Examiner	Name	TBD			
	Attorney I	Docket Number	PC19150A			
I hereby appoint:			OIPE			
28040						
AUG 0 3 2004						
Practitioners named below:			R R			
Name		Registrat	ion Number PAOCHICIA			
Name		TCGISTIC	HAROLI HAROLI			
	-					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recognize or change the correspondence addres			to:			
The above-mentioned Customer Number.						
OR						
The address associated with Customer Number						
OR		<u></u>				
Firm or Individual Name						
Address						
Address						
City	St	ate	Zip			
Country						
	Fax	(
Telephone						
I am the:						
Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Jean MATTHEWS						
Signature (In May 2						
Date 7/20/2004						
NOTE: Signatures of all the inventors or assignees of recordoms if more than one signature is required, see below*.	rd of the entire in	terest or their repres	entative(s) are required. Submit multiple			
⊠ *Total of <u>4</u> forms are submitted.						